

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043680

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 5536 Registrar's No. 74

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0440

2 0440

3

4 0

5 2

6

7 0

8 2

9 4201

10

11

12 86-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis Township		c. CITY OR TOWN New Point	
Length of stay in lb 6 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill Home		d. STREET ADDRESS (If outside, give location) New Point	
3. NAME OF DECEASED (Type or print) BERT		4. DATE OF DEATH Month November Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/8/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Laborer		11. BIRTHPLACE (City and state or country) New Point, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY Co. Maintenance		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Hamm		13b. MOTHER'S MAIDEN NAME Catherine Shunk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Alice Hamm	
16. SOCIAL SECURITY NO. Madeline Derr, Blairland, Missouri		14. NAME OF HUSBAND OR WIFE Alice Hamm	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) 4min. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 4min. 4min. 4min.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11 a.m. 11 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 1962 to Nov 11, 1963 and last saw him alive on Nov 11, 1963		Death occurred at 7A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James Humphrey M.D.		22b. ADDRESS Mound City, Missouri	
22c. DATE SIGNED 11/13/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/13/63		23c. NAME OF CEMETERY OR CREMATORY New Point Cemetery	
23d. LOCATION (City, town, or county) New Point, Missouri		(State)	
24. FUNERAL DIRECTOR James H. Sanford		25. DATE RECD. BY LOCAL REG. 11-13-1963	
26. REGISTRAR'S SIGNATURE James H. Sanford		ADDRESS Mound City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.